will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

VETERANS INFORMATION MODERNIZATION ACT

Mr. BENISHEK. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2256) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to submit an annual report on the Veterans Health Administration and the furnishing of hospital care, medical services, and nursing home care by the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2256

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited a the ''Veterans Information Modernization Act''.

SEC. 2. ANNUAL REPORT ON VETERANS HEALTH ADMINISTRATION AND FURNISHING OF HOSPITAL CARE, MEDICAL SERVICES, AND NURSING HOME CARE.

(a) IN GENERAL.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 7330B. Annual report on Veterans Health Administration and furnishing of hospital care, medical services, and nursing home care

''(a) REPORT REQUIRED.—Not later than March 1 during each of years 2016 through 2020, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the furnishing of hospital care, medical services, and nursing home care under the laws administered by the Secretary and on the administration of the provision of such care and services by the Veterans Health Administration during the calendar year preceding the calendar year during which the report is submitted.

''(b) CONTENTS OF REPORT.—Each report required by subsection (a) shall include each of the following for the year covered by the report:

''(1) An evaluation of the effectiveness of the Veterans Health Administration program in increasing the access of veterans eligible for hospital care, medical services, and nursing home care furnished by the Secretary to such care.

''(2) An evaluation of the effectiveness of the Veterans Health Administration in improving the quality of health care provided to such veterans, without increasing the costs incurred by the Government or such veterans, which includes the relevant information for each medical center and Veterans Integrated Service Network of the Department set forth separately.

''(3) An assessment of—

''(A) the workload of physicians and other employees of the Veterans Health Administration;

''(B) patient demographics and utilization rates;

''(C) physician compensation;

''(D) the productivity of physicians and other employees of the Veterans Health Administration;

''(E) the percentage of hospital care, medical services, and nursing home care provided to such veterans in Department facilities and in non-Department facilities and any changes in such percentages compared to the year preceding the year covered by the report;

''(F) pharmaceutical prices; and

''(G) third party health billings owed to the Department, including the total amount of such billings and the total amounts collected, set forth separately for claims greater than $1000 and for claims equal to or less than $1000.

''(c) DEFINITIONS.—In this section, the terms 'hospital care', 'medical services', 'nursing home care', and 'non-Department facilities' have the meanings given such terms in section 1701 of this title.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7330A the following new item:

''7330B. Annual report on Veterans Health Administration and furnishing of hospital care, medical services, and nursing home care.''.

SEC. 3. EXPANSION OF DEFINITION OF HOMELESS VETERAN FOR PURPOSES OF BENEFITS UNDER THE LAWS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS.

Section 2002(1) of title 38, United States Code, is amended by inserting ''or (b)'' after ''section 103(a)''.

SEC. 4. IDENTIFICATION AND TRACKING OF BIOLOGICAL IMPLANTS USED IN DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES.

(a) IN GENERAL.—Subchapter II of chapter 73 of title 38, United States Code, as amended by section 2, is further amended by adding at the end the following new section:

''§ 7330C. Identification and tracking of biological implants

''(a) STANDARD IDENTIFICATION SYSTEM FOR BIOLOGICAL IMPLANTS.—(1) The Secretary shall adopt the unique device identification system developed for medical devices by the Food and Drug Administration pursuant to section 519(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360i(f)), or implement a comparable standard identification system, for use in identifying biological implants intended for use in medical procedures conducted in medical facilities of the Department.

''(2) In adopting or implementing a standard identification system for biological implants under paragraph (1), the Secretary shall permit a vendor to use any of the accredited entities identified by the Food and Drug Administration as an issuing agency pursuant to section 830.100 of title 21, Code of Federal Regulations, or any successor regulation.

''(b) BIOLOGICAL IMPLANT TRACKING SYSTEM.—(1) The Secretary shall implement a system for tracking the biological implants referred to in subsection (a) from human donor or animal source to implantation.

''(2) The tracking system implemented under paragraph (1) shall be compatible with the identification system adopted or implemented under subsection (a).

''(3) The Secretary shall implement inventory controls compatible with the tracking system implemented under paragraph (1) so that all patients who have received, in a medical facility of the Department, a biological implant subject to a recall can be notified of the recall, if based on the evaluation of appropriate medical personnel of the Department of the risks and benefits, the Secretary determines such notification is appropriate.

''(c) CONSISTENCY WITH FOOD AND DRUG ADMINISTRATION REGULATIONS.—To the extent that a conflict arises between this section and a provision of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) or sections 351 or 361 of the Public Health Service Act (42 U.S.C. 262) (including any regulations issued under such Acts), the provision the Federal Food, Drug, and Cosmetic Act or Public Health Service Act (including any regulations issued under such Acts) shall apply.

''(d) DEFINITION OF BIOLOGICAL IMPLANT.—In this section, the term 'biological implant' means any animal or human cell, tissue, or cellular or tissue-based product—

''(1) under the meaning given the term human cells, tissues, or cellular or tissue-based products in section 1271.3 of title 21, Code of Federal Regulations, or any successor regulation; or

''(2) that is regulated as a device under section 201(h) of the Federal Food, Drug, and Cosmetic Act.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter, as amended by section 2, is further amended by inserting after the item relating to section 7330B, as added by section 2, the following new item:

''7330C. Identification and tracking of biological implants.''.

(c) IMPLEMENTATION DEADLINES.—

(1) STANDARD IDENTIFICATION SYSTEM.—

(A) IN GENERAL.—With respect to biological implants described in paragraph (1) of subsection (d) of section 7330C of title 38, United States Code, as added by subsection (a), the Secretary of Veterans Affairs shall adopt or implement a standard identification system for biological implants, as required by subsection (a) of such section, by not later than the date that is 180 days after the date of the enactment of this Act.

(B) IMPLANTS REGULATED AS DEVICES.—With respect to biological implants described in paragraph (2) of subsection (d) of such section, the Secretary of Veterans Affairs shall adopt or implement such standard identification system in compliance with the compliance dates established by the Food and Drug Administration pursuant to section 519(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360i(f)).

(2) TRACKING SYSTEM.—The Secretary of Veterans Affairs shall implement the biological implant tracking system required by section 7330C(b), as added by subsection (a), by not later than the date that is 180 days after the date of the enactment of this Act.

(d) REPORTING REQUIREMENT.—

(1) IN GENERAL.—If the biological implant tracking system required by section 7330C(b) of title 38, United States Code, as added by subsection (a), is not operational by the date that is 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a written explanation for why the system is not operational for each month until such time as the system is operational.

(2) ELEMENTS.—Each explanation submitted under paragraph (1) shall include a description of the following:

(A) Each impediment to the implementation of the system described in such paragraph.

(B) Steps being taken to remediate each such impediment.

(C) Target dates for a solution to each such impediment.

SEC. 5. PROCUREMENT OF BIOLOGICAL IMPLANTS USED IN DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES.

(a) PROCUREMENT.—

(1) IN GENERAL.—Subchapter II of chapter 81 of such title is amended by adding at the end the following new section:

"§ 8129. Procurement of biological implants

''(a) IN GENERAL.—(1) The Secretary may procure biological implants of human origin only from vendors that meet the following conditions:

''(A) The vendor uses the standard identification system adopted or implemented by the Secretary under section 7330C(a) of this title and has safeguards to ensure that a distinct identity code has been in place at each step of distribution of each biological implant from its donor.

''(B) The vendor is registered as required by the Food and Drug Administration under subpart B of part 1271 of title 21, Code of Federal Regulations, or any successor regulation, and in the case of a vendor that uses a tissue distribution intermediary or a tissue processor, the vendor provides assurances that the tissue distribution intermediary or tissue processor is registered as required by the Food and Drug Administration.

''(C) The vendor ensures that donor eligibility determinations and such other records as the Secretary may require accompany each biological implant at all times, regardless of the country of origin of the donor of the biological material.

''(D) The vendor agrees to cooperate with all biological implant recalls conducted on the vendor's own initiative, on the initiative of the original product manufacturer used by the vendor, by the request of the Food and Drug Administration, or by a statutory order of the Food and Drug Administration.

''(E) The vendor agrees to notify the Secretary of any adverse event or reaction report it provides to the Food and Drug Administration, as required by section 1271.350 of title 21, Code of Federal Regulations, or any successor regulation, or any successor regulation, or of any warning letter from the Food and Drug Administration issued to the vendor or a tissue processor or tissue distribution intermediary it uses by not later than 60 days after the vendor receives such report or warning letter.

''(F) The vendor agrees to retain all records associated with the procurement of a biological implant by the Department for at least 10 years after the date of the procurement of the biological implant.

''(G) The vendor provides assurances that the biological implants provided by the vendor are acquired only from tissue processors that maintain active accreditation with the American Association of Tissue Banks or a similar national accreditation specific to biological implants.

''(2) The Secretary may procure biological implants of non-human origin only from vendors that meet the following conditions:

''(A) The vendor uses the standard identification system adopted or implemented by the Secretary under section 7330C(a) of this title.

''(B) The vendor is a registered establishment as required by the Food and Drug Administration under sections 807.20 and 807.40 of title 21, Code of Federal Regulations, or any successor regulation, (or is not required to register pursuant to section 807.65(a) of such title) and in the case of a vendor that is not the original product manufacturer of such implants the vendor provides assurances that the original product manufacturer is registered as required by the Food and Drug Administration.

''(C) The vendor agrees to cooperate with all biological implant recalls conducted on the vendor's own initiative, on the initiative of the original product manufacturer used by the vendor, by the request of the Food and Drug Administration, or by a statutory order of the Food and Drug Administration.

''(D) The vendor agrees to notify the Secretary of any adverse event report it provides to the Food and Drug Administration as required in part 803 of title 21, Code of Federal Regulations, or any warning letter from the Food and Drug Administration issued to the vendor or the original product manufacturer it uses by not later than 60 days after the vendor receives such report or warning letter.

''(E) The vendor agrees to retain all records associated with the procurement of a biological implant by the Department for at least 10 years after the date of the procurement of the biological implant.

''(3)(A) The Secretary shall procure biological implants under the Federal Supply Schedules of the General Services Administration unless such implants are not available under such Schedules.

''(B) With respect to biological implants listed on the Federal Supply Schedules, the Secretary shall accommodate reasonable vendor requests to undertake outreach efforts to educate medical professionals of the Department about the use and efficacy of such biological implants.

''(C) In the case of biological implants that are unavailable for procurement under the Federal Supply Schedules, the Secretary shall procure such implants using competitive procedures in accordance with applicable law and the Federal Acquisition Regulation.

''(4) Section 8123 of this title shall not apply to the procurement of biological implants.

''(b) PENALTIES.—In addition to any applicable penalty under any other provision of law, any procurement employee of the Department who is found responsible for a biological implant procurement transaction with intent to avoid or with reckless disregard of the requirements of this section shall be ineligible to hold a certificate of appointment as a contracting officer or to serve as the representative of an ordering officer, contracting officer, or purchase card holder.

''(c) DEFINITIONS.—In this section:

''(1) The term 'biological implant' shall have the meaning given such term in section 7330C(d) of this title.

''(2) The term 'distinct identity code' means a code that—

''(A) relates a biological implant to the human donor of the implant and to all records pertaining to the implant;

''(B) includes information designed to facilitate effective tracking, using such code, from the donor to the recipient and from the recipient to the donor; and

''(C) satisfies the requirements of section 1271.290 of title 21, Code of Federal Regulations, or any successor regulation.

''(3) The term 'tissue distribution intermediary' means an agency that acquires and stores human tissue for further distribution and performs no other tissue banking functions.

''(4) The term 'tissue processor' means an entity processing human tissue for use in biological implants including activities performed on tissue other than donor screening, donor testing, tissue recovery and collection functions, storage, or distribution.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end of the items relating to such subchapter the following new item:

''8129. Procurement of biological implants.''.

(b) EFFECTIVE DATE.—Section 8129 of title 38, United States Code, as added by subsection (a), shall take effect on the date that is 180 days after the date on which the tracking system required under subsection (b) of section 7330C of such title, as added by section 4(a) is implemented.

(c) SPECIAL RULE FOR CRYOPRESERVED PRODUCTS.—During the three-year period beginning on the effective date of section 8129 of title 38, United States Code, as added by subsection (a), biological implants produced and labeled before that date may be procured by the Department of Veterans Affairs without relabeling under the standard identification system adopted or implemented under section 7330C of such title, as added by section 4(a).

SEC. 6. EXTENSION OF ROUNDING DOWN OF PERCENTAGE INCREASES OF RATES OF CERTAIN EDUCATIONAL ASSISTANCE.

(a) MONTGOMERY GI BILL.—Section 3015(h)(2) of title 38, United States Code, is amended—

(1) by striking ''fiscal year 2014'' and inserting ''fiscal year 2020''; and

(2) by striking ''fiscal year 2013'' and inserting ''fiscal year 2019''.

(b) SURVIVORS AND DEPENDENTS EDUCATIONAL ASSISTANCE.—Section 3564(b) of such title is amended—

(1) by striking ''fiscal year 2014'' and inserting ''fiscal year 2020''; and

(2) by striking ''fiscal year 2013'' and inserting ''fiscal year 2019''.

SEC. 7. VETERANS EXPEDITED RECOVERY COMMISSION.

(a) ESTABLISHMENT.—There is established the Veterans Expedited Recovery Commission (in this section referred to as the ''Commission'').

(b) DUTIES.—The Commission shall perform the following duties:

(1) Examine the efficacy of the evidence-based therapy model used by the Secretary of Veterans Affairs for treating mental health illnesses of veterans and identify areas to improve wellness-based outcomes.

(2) Conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine—

(A) the experience of veterans with the Department of Veterans Affairs when seeking medical assistance for mental health issues through the health care system of the Department;

(B) the experience of veterans with non-Department medical facilities and health professionals for treating mental health issues;

(C) the preferences of veterans regarding available treatments for mental health issues and which methods the veterans believe to be most effective;

(D) the experience, if any, of veterans with respect to the complementary alternative treatment therapies described in subparagraphs (A) through (I) in paragraph (3);

(E) the prevalence of prescribing prescription medication among veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues; and

(F) the outreach efforts of the Secretary regarding the availability of benefits and treatments for veterans for addressing mental health issues, including by identifying ways to reduce barriers to and gaps in such benefits and treatments.

(3) Examine available research on complementary alternative treatment therapies for mental health issues and identify what benefits could be made with the inclusion of such treatments for veterans, including with respect to—

(A) music therapy;

(B) equine therapy;

(C) training and caring for service dogs;

(D) yoga therapy;

(E) acupuncture therapy;

(F) meditation therapy;

(G) outdoor sports therapy;

(H) hyperbaric oxygen therapy;

(I) accelerated resolution therapy; and

(J) other therapies the Commission determines appropriate.

(4) Study the potential increase of claims relating to mental health issues submitted to the Secretary by veterans who served in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn, including an assessment of the resources available within the Department to ensure that quality health care demands relating to such claims can be delivered in a timely manner.

(c) MEMBERSHIP.—

(1) NUMBER AND APPOINTMENT.—

(A) IN GENERAL.—The Commission shall be composed of 10 members, appointed as follows:

(i) Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

(ii) Two members appointed by the Minority Leader of the House of Representatives, at least one of whom shall be a veteran.

(iii) Two members appointed by the Majority Leader of the Senate, at least one of whom shall be a veteran.

(iv) Two members appointed by the Minority Leader of the Senate, at least one of whom shall be a veteran.

(v) Two members appointed by the President, at least one of whom shall be a veteran.

(B) QUALIFICATIONS.—Members of the Commission shall be—

(i) individuals who are of recognized standing and distinction within the medical community with a background in treating mental health;

(ii) individuals with experience working with the military and veteran population; and

(iii) individuals who do not have a financial interest in any of the complementary alternative treatments reviewed by the Commission.

(2) CHAIRMAN.—The President shall designate a member of the Commission to be the chairman.

(3) PERIOD OF APPOINTMENT.—Members of the Commission shall be appointed for the life of the Commission.

(4) VACANCY.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

(5) APPOINTMENT DEADLINE.—The appointment of members of the Commission in this section shall be made not later than 90 days after the date of the enactment of this Act.

(d) POWERS OF COMMISSION.—

(1) MEETING.—

(A) INITIAL MEETING.—The Commission shall hold its first meeting not later than 30 days after a majority of members are appointed to the Commission.

(B) MEETING.—The Commission shall regularly meet at the call of the Chairman. Such meetings may be carried out through the use of telephonic or other appropriate telecommunication technology if the Commission determines that such technology will allow the members to communicate simultaneously.

(2) HEARING.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive evidence as the Commission considers advisable to carry out the responsibilities of the Commission.

(3) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any department or agency of the Federal Government such information as the Commission considers necessary to carry out the duties of the Commission.

(4) INFORMATION FROM NONGOVERNMENTAL ORGANIZATIONS.—In carrying out subsection (b), the Commission may seek guidance through consultation with foundations, veterans service organizations, nonprofit groups, faith-based organizations, private and public institutions of higher education, and other organizations as the Commission determines appropriate.

(5) COMMISSION RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such record.

(6) PERSONNEL MATTERS.—Upon request of the chairman of the Commission, the head of any department or agency of the Federal Government may detail, on a reimbursable basis, any personnel of that department or agency to assist the Commission in carrying out the duties of the Commission.

(7) COMPENSATION OF MEMBERS; TRAVEL EXPENSES.—Each member shall serve without pay, except that each member shall receive travel expenses to perform the duties of the Commission under subsection (b), including per diem in lieu of subsistence, at rates authorized under subchapter I of chapter 57 of title 5, United States Code.

(8) STAFF.—The Chairman, in accordance with rules agreed upon by the Commission, may appoint and fix the compensation of a staff director and such other personnel as may be necessary to enable the Commission to carry out its functions, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, without regard to the provision of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, except that no rate of pay fixed under this subsection may exceed the equivalent of that payable for a position at a level IV of the Executive Schedule under section 5316 of title 5, United States Code.

(9) PERSONNEL AS FEDERAL EMPLOYEES.—

(A) IN GENERAL.—The executive director and any personnel of the Commission are employees under section 2105 of title 5, United States Code, for purpose of chapters 63, 81, 83, 84, 85, 87, 89, and 90 of such title.

(B) MEMBERS OF THE COMMISSION.—Subparagraph (A) shall not be construed to apply to members of the Commission.

(10) CONTRACTING.—The Commission may, to such extent and in such amounts as are provided in appropriations Acts, enter into contracts to enable the Commission to discharge the duties of the Commission under this section.

(11) EXPERT AND CONSULTANT SERVICE.—The Commission may procure the services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily rate paid to a person occupying a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(12) POSTAL SERVICE.—The Commission may use the United States mails in the same manner and under the same conditions as departments and agencies of the United States.

(13) PHYSICAL FACILITIES AND EQUIPMENT.—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission, on a reimbursable basis, the administrative support services necessary for the Commission to carry out its responsibilities under this section. These administrative services may include human resource management, budget, leasing, accounting, and payroll services.

(e) REPORT.—

(1) INTERIM REPORTS.—

(A) IN GENERAL.—Not later than 60 days after the date on which the Commission first meets, and each 30-day period thereafter ending on the date on which the Commission submits the final report under paragraph (2), the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and the President a report detailing the level of cooperation the Secretary of Veterans Affairs (and the heads of other departments or agencies of the Federal Government) has provided to the Commission.

(B) OTHER REPORTS.—In carrying out the duties pursuant to subsection (b), at times that the Commission determines appropriate, the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and any other appropriate entities an interim report with respect to the findings identified by the Commission.

(2) FINAL REPORT.—Not later than 18 months after the first meeting of the Commission, the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs a final report on the findings of the Commission. Such report shall include the following:

(A) Recommendations to implement in a feasible, timely, and cost-effective manner the solutions and remedies identified within the findings of the Commission pursuant to subsection (b).

(B) An analysis of the evidence-based therapy model used by the Secretary of Veterans Affairs for treating veterans with mental health care issues, and an examination of the prevalence and efficacy of prescription drugs as a means for treatment.

(C) The findings of the patient-centered survey conducted within each of the Veterans Integrated Service Networks pursuant to subsection (b)(2).

(D) An examination of complementary alternative treatments described in subsection (b)(3) and the potential benefits of incorporating such treatments in the therapy model used by the Secretary for treating veterans with mental health issues.

(3) PLAN.—Not later than 90 days after the date on which the Commission submits the final report under subsection (b), the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the following:

(A) An action plan for implementing the recommendations established by the Commission on such solutions and remedies for improving wellness-based outcomes for veterans with mental health care issues.

(B) A feasible timeframe on when complementary alternative treatments described in subsection (b)(3) can be implemented Department-wide.

(C) With respect to each recommendation established by the Commission, including regarding any complementary alternative treatment, that the Secretary determines is not appropriate or feasible to implement, a justification for each such determination and an alternative solution to improve the efficacy of the therapy model used by the Secretary for treating veterans with mental health issues.

(f) TERMINATION OF COMMISSION.—The Commission shall terminate 30 days after the Commission submits the final report under subsection (e)(2).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. BENISHEK) and the gentlewoman from Florida (Ms. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. BENISHEK. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to

add extraneous material on H.R. 2256, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. BENISHEK. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 2256, as amended, the Veterans Information Modernization Act.

I developed and introduced this legislation following an oversight hearing in January where the subcommittee attempted to determine the cost and value of the care that the Department of Veterans Affairs provides to our Nation's veterans.

Through the course of that hearing, it became painfully obvious that VA leaders were unable to provide basic information about, for example, how much the VA spends on a single patient encounter in a VA primary care clinic.

As a doctor who served veterans at the Oscar G. Johnson VA Medical Center in my hometown of Iron Mountain, Michigan, for 20 years, it is unbelievable to me that the VA either does not have or is unwilling to share key information about the care that it provides.

The Congressional Budget Office testified in January that the VA ''. . . provided limited data to Congress and the public about its costs and operational performance.''

The CBO went on to state, ''. . . if this data was provided on a regular and systemic basis, it could help inform policymakers about the efficiency and cost-effectiveness of VA's services.''

Similar sentiments about the need for the VA to be more forthcoming were echoed at that hearing by witnesses from the American Legion and the Independent Budget.

We are all too well aware of the many—seemingly endless—scandals that have plagued the Department over the last year and a half. A lack of transparency is at the heart of all of these scandals, and one of the keys to overcoming them is requiring the Department to regularly provide specific information about the care that the VA provides.

H.R. 2256, as amended, would accomplish that goal by requiring the VA to submit an annual report to Congress regarding the provision of hospital care, medical services, and nursing home care by the VA health care system.

The report would encompass critical information about the operations of the Veterans Health Administration, including data regarding access, quality, workload, patient demographics and utilization, physician compensation and productivity, purchase care, and pharmaceutical prices.

The VA would also be required to detail third-party billings and collections, including information on both small and large claims. This would ensure that the growing disparity between the amounts that the VA bills for and the amount that the VA collects is accounted for and that the VA receives every available dollar that it is owed and uses it to improve the services that the VA provides. Many of the data points included in this report are already provided by the Department of Defense for TRICARE.

The regular receipt of this information would allow Congress, veterans, and the American taxpayers to make better informed decisions about the services that the Department is offering and to assist in creating the VA healthcare system that our veterans truly deserve.

Other provisions included in the Veterans Information Modernization Act would broaden the VA's definition of a ''homeless veteran'' to include veterans and their families who are fleeing violent homes, improve the VA's processes for tracking and procuring biological implants, and establish a commission to examine the VA's mental health treatment model and the benefits of incorporating complementary and alternative treatments.

I would like to offer my sincere gratitude and appreciation to my friends and colleagues—Congressman GUS BILIRAKIS, Congressman PHIL ROE, and Congresswoman JANICE HAHN—who have sponsored provisions of this bill.

I would also like to thank Chairman MILLER; Ranking Member BROWN; Congresswoman JULIA BROWNLEY, the ranking member of the Subcommittee on Health; and all of the members of the Subcommittee on Health on both sides of the aisle for their hard work and leadership on this bill.

I am proud to say that this bill, which was reported favorably out of the full committee earlier this summer and is fully offset, is supported by many veteran service organizations, including the American Legion, the Veterans of Foreign Wars, the Concerned Veterans for America, the Vietnam Veterans of America, and the Paralyzed Veterans of America.

Mr. Speaker, I urge all of my colleagues to join me in supporting the Veterans Information Modernization Act.

I reserve the balance of my time.

Ms. BROWN of Florida. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 2256, the Veterans Information Modernization Act, as amended.

This bill does a number of things to improve access and quality of services to our Nation's veterans. This bill requires the Secretary to submit an annual report on the Department's furnishing of hospital care, medical services, and nursing home care to veterans.

One of our priorities on the committee is to ensure that safe, quality health care is provided to veterans and their families. This report will assist us in our oversight duties of the Department.

This bill expands the definition of a ''homeless veteran'' to include veterans fleeing from domestic violence. As you know, veterans who experience domestic violence are considered at high risk for homelessness. This is a very vulnerable population, and anytime we find a barrier to care, we should remove it.

Further, one of my biggest priorities as ranking member is to ensure that we provide safe, quality housing for homeless women veterans.

Women veterans are an underserved population, and there is a serious lack of housing options for those who become homeless.

There is an even greater crisis in attempting to find housing for women veterans who have children. This is largely due to the fact that many facilities do not allow women and children to be in the same facilities as men. This must be corrected immediately.

I have encountered several women—those who have been forced to live on the streets—in weekly motels and in other housing places that are not fit to live in due to domestic violence.

This is completely unacceptable. We should be working closely with the VA and HUD to ensure that there is transitional and emergency housing available for women veterans during their greatest time of need.

This bill addresses gaps in the identification, tracking, and the procurement of biological implants at the Department of Veterans Affairs.

Finally, this bill would establish a commission to examine the effectiveness of the evidence-based therapy model for treating veterans' mental health illnesses.

I would like to thank my colleagues on both sides of the aisle for their interest and support of veterans' issues.

I reserve the balance of my time.

Mr. BENISHEK. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. BILIRAKIS), my colleague and friend and the vice chairman of the committee.

Mr. BILIRAKIS. I thank the chairman.

Mr. Speaker, I rise today in support of H.R. 2256, the Veterans Information Modernization Act.

This bill makes positive, bipartisan reforms to the VA, which has become the hallmark of the Veterans' Affairs Committee.

We have such a good committee, Mr. Speaker. I am particularly pleased about the inclusion of my bill, H.R. 271, the Creating Options for Veterans Expedited Recovery Act, better known as the COVER Act.

Last year the Veterans' Affairs Committee held a hearing regarding veterans' access to the VA's mental health services. At the hearing, we heard from the mothers and fathers of deceased veterans.

I remember vividly how hearing their testimony moved me. I can't remember another instance when the Veterans' Affairs Committee room was so quiet and solemn as on that day.

Statistics show that one in five veterans who serves in Iraq and Afghanistan has been diagnosed with post-

traumatic stress. Now we must responsibly ask ourselves: Are we doing enough when it comes to addressing mental health in our veteran population?

Recent data has shown that every day in this country approximately 18 to 22 veterans take their own lives. This statistic answers the question I posed earlier. It is obvious more needs to be done.

Far too often we have heard of situations in which our veterans are being overprescribed opioids and antipsychotics. While traditional forms of therapies may work for some, tailoring therapies to the veterans and finding the balance between traditional and complementary, alternative treatments could be the difference in saving lives.

Late last year I met with a veteran who was able to tell me just how much alternative treatments have improved his life. His treatment plan to address his PTS and physical injuries consisted of over 30 different pills every day. He told me how much this affected him. He said he felt hopeless and wasn't quite himself anymore.

He then decided to take control of his life again and looked for an alternative. He found an alternative treatment in training and in caring for a service dog.

□ 1645

Now, his treatment includes one multivitamin, one other medication, and a four-legged companion that never leaves his side.

The COVER Act is the next piece in a working formula to heal our veterans, mentally and physically. It will pave the way toward the inclusion of these complementary alternative therapies at the VA.

These therapies include, but certainly are not limited to, service animal therapy, yoga therapy, acupuncture, equine therapy, and accelerated resolution therapy. Mr. Speaker, I have heard the stories from these veterans, and these therapies really work. They need access to these therapies. At a recent town hall, I even heard about the benefits of martial arts. The martial arts were treating PTS.

Mr. Speaker, when treating mental health issues, one size does not fit all. Please support this good bill.

Ms. BROWN of Florida. Mr. Speaker, I reserve the balance of my time.

Mr. BENISHEK. Mr. Speaker, I yield such time as he may consume to the gentleman from Tennessee (Mr. ROE), my colleague and a fellow physician on the Veterans' Affairs Committee.

Mr. ROE of Tennessee. Mr. Speaker, I rise in strong support of H.R. 2256, as amended, which includes a bill I introduced, H.R. 1016, the Biological Implant Tracking and Veteran Safety Act.

A frightening January 2014 GAO report found that the VA does not use a standardized process for tracking biological tissue from a cadaver to a living donor veteran patient. In the event of a recall, it would be virtually impossible to track down which patient had received contaminated tissue. GAO also found that the Veterans Health Administration does not always ensure it is purchasing tissue from biological implant vendors that have registered with the FDA and does not maintain an inventory system to prevent expired tissue from remaining in storage alongside unexpired tissues.

The GAO and Veterans' Affairs Committee staff have discovered that VA often uses a loophole that allows it to purchase biological implants on the open, unregulated market, which it does in 57 percent of its biological implant purchases. This bill would require the procurement of biological implants from vendors on the Federal supply schedules which have been appropriately vetted. For biological implants not on the Federal supply schedule but requested by clinicians, my bill requires justification and approval of open market purchases under the Federal acquisition regulation on a case-by-case basis rather than simply granting a blanket waiver.

This bill would also direct the Secretary of Veterans Affairs to adopt FDA's unique device identification system for labeling of all biological implant tissue and implement an automated inventory system to track the tissue from donor to implant recipient. This legislation would also require all biological implant tissue to be procured through vendors that are registered with the FDA, accredited by the American Association of Tissue Banks, and use FDA's unique device identification system.

The 6 million veterans served annually by VHA deserve the highest standard of patient care in the Nation. Implementation of H.R. 2256 would help establish the VA as an industry leader in biologic implant safety and accountability.

I want to thank the Oversight and Investigations Subcommittee staff for their help in developing this legislation which truly puts veterans first.

Ms. BROWN of Florida. Mr. Speaker, I ask my colleagues to join me in supporting this legislation.

I yield back the balance of my time.

Mr. BENISHEK. Mr. Speaker, I appreciate the gentlewoman's support, and I again encourage all Members to support H.R. 2256, as amended.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. BENISHEK) that the House suspend the rules and pass the bill, H.R. 2256, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BENISHEK. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

PERMISSION TO FILE SUPPLEMENTAL REPORT ON H.R. 1599, SAFE AND ACCURATE FOOD LABELING ACT OF 2015

Mr. CONAWAY. Mr. Speaker, I ask unanimous consent that the Committee on Agriculture be authorized to file a supplemental report on the bill H.R. 1599.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

FTO PASSPORT REVOCATION ACT OF 2015

Mr. ROYCE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 237) to authorize the revocation or denial of passports and passport cards to individuals affiliated with foreign terrorist organizations, and for other purposes, as amended.

The Clerk read the title of the bill.

GENERAL LEAVE

Mr. ROYCE. Mr. Speaker, I ask unanimous consent that all Members may have 5 days to revise and extend their remarks and to include any extraneous material on this measure for the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. ROYCE. Mr. Speaker, I ask unanimous consent at this time to withdraw the motion to suspend the rules.

The SPEAKER pro tempore. The motion is withdrawn.

FEDERAL EMPLOYEE ANTIDISCRIMINATION ACT OF 2015

Mr. CHAFFETZ. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1557) to amend the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 to strengthen Federal antidiscrimination laws enforced by the Equal Employment Opportunity Commission and expand accountability within the Federal government, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1557

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Federal Employee Antidiscrimination Act of 2015''.

SEC. 2. SENSE OF CONGRESS.

Section 102 of the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (5 U.S.C. 2301 note) is amended—

(1) in paragraph (4), to read as follows:

''(4) accountability in the enforcement of Federal employee rights is furthered when Federal agencies take appropriate disciplinary action against Federal employees who